(c) whether 8 more States have agreed to offer second line HIV treatment;

(d) if so, what concrete steps Government has taken to check this disease;

(e) whether country has 1.95 lakh HIV infected persons on treatment and NACO estimates that at least 3 per cent of these would have become resistant to first line drugs, mainly due to poor adherence to the treatment regime; and

(f) if so, whether all States have been asked to implement this treatment of HIV?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes Sir, WHO has published a policy report to guide the interventions to curb HIV/AIDS in December, 2008.

(b) The main points mentioned in this report are:

- Enabling people to know their HIV status
- Maximizing the health sector's contribution to HIV prevention
- Accelerating the scale up of HIV/AIDS treatment and care
- Strengthening and expanding health systems
- Investing in strategic information to guide a more effective response.

(c) and (d) Yes Sir. The second line ART has been initiated at 10 "Centres of Excellence in HIV care" which have the necessary expertise and laboratory facilities required for initiating and monitoring second line ART.

These centres are:

1 J.J Hospital, Mumbai, Maharashtra

2 G.H.T.M, Tambaram, Tamil Nadu

3 RIMS, Imphal, Manipur

4 STM, Kolkata, West Bengal

5 BJMC, Ahmadabad, Gujarat

6 BHU, Varanasi, Uttar Pradesh

7 MAMC, New Delhi

8 Bowling, Bangalore, Karnataka

9 Gandhi Hospital, Secundrabad, Andhra Pradesh

10 PGI, Chandigarh

(e) and (f) Yes Sir. Currently 199237 patients on OB ART in 197 ART centres in 31 States / UTs of country as on 31st December 2008. According to available information, nearly 3% of patient at any given time will require second line ART. This is due to mutations in the virus during replication.

Implementation of population control measures

48. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to the latest report published in regard to the National Family Health Survey-III, it has been revealed that the fertility / rates are higher in some States and the steps taken by Government to check population control have become ineffective;

(b) if so, the facts and details thereof; and

(c) whether Government proposes to ensure that population control measures are effectively implemented in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The current fertility trend in India is faster than replacement (*i.e.* 2.1) in NFHS-III which is 2.7 children per women. The State-wise breakup of fertility rate at or below the replacement level are as follows:

- TFR below 2.1 children per women has been achieved in 10 states viz. Delhi, Himachal Pradesh, Punjab, Sikkim, Goa, Maharashtra, Andhra Pradesh, Karnataka, Kerala and Tamil Nadu.
- States, which have TFR above 2.1 in descending order: Bihar, Uttar Pradesh, Meghalaya, Nagaland, Jharkhand, Rajasthan, Madhya Pradesh, Arunachal Pradesh, Mizoram, Manipur, Haryana, Chhattisgarh, Uttarakhand, Assam, Gujarat, Jammu and Kashmir, Orissa, West Bengal, Tripura. Bihar (with TFR of 4.0) and Uttar Pradesh (3.8), Rajasthan (3.2) and Madhya Pradesh (3.1) top the list among the States having high TFR. The TFR decreased steeply by the Household's wealth index from 3.9 children for women living in household in the lowest wealth quintile to 1.8 children for women living in household in the highest wealth quintile. Apart from income rural urban background education religion, caste/tribe socio-cultural set of preference for son has been found responsible for high fertility.

The following steps have been taken by the Government to check population control:

(i) **National Family Planning Insurance Scheme** has been started since Nov. 2005 to provide insurance cover to the sterilization acceptors for failures, complications and death and also provides indemnity insurance cover to doctors/health facilities.

(ii) **The revision of Compensation package in Sept, 2007** to compensate for loss of wages and also to provide compensation to providers of services. It also provided for partnerships with the non-governmental sector.

(iii) **Specific action points/strategies** have been incorporated in the States Project Implementation Plans (PIPs) under National Rural Health Mission (NRHM) every year to address the up-gradation of Family Planning Services and increase the number of providers.

(iv) Promoting Acceptance of No Scalpel Vasectomy to ensure male participation.

(v) **Promoting IUD 380 A** intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.

(vi) **Fixed day Fixed Place Family Planning Services round the year** made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

In addition to the above steps taken, the Government has a dedicated programme to undertake research for development and evaluation of contraceptive technologies for both male and females. During the last three decades, Government has evaluated different types of Intrauterine devices, Oral Contraceptives, injectable and implantable contraceptives for their efficacy and acceptability. In order to help couples with a backup method to prevent unwanted pregnancy, the emergency contraceptives have been introduced which are very useful method for preventing unplanned and unintended pregnancies.

Availability of quality blood in blood banks

49. SHRIMATI SHOBHANA BHARTIA:
PROF. ALKA BALRAM KSHATRIYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether blood banks in the country are not adopting quality standards and organized storage system resulting in spread of deadly viruses like HIV and Hepatitis B through transfusions;

(b) if so, the facts and details thereof;

(c) whether the National Healthcare Providers has planned a programme to ensure quality control standards for bloods;

(d) if so, the facts thereof; and

(e) the other steps Government proposes to take to meet the shortage of blood in blood banks and to ensure availability of virus-free blood?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir.

(c) and (d) Yes Sir. National Accreditation Board for Hospitals & Health Providers (NABH) has launched accreditation programme for Blood banks/blood centres and Transfusion Services on January 25, 2008. The accreditation programme strives to the quality and safety of collecting, processing, testing and transfusion of blood & blood products. The basis for assessment of blood bank shall include compliance with the accreditation standard and statutory/regulatory requirements. The accreditation programme assesses the quality and operational systems comprehensively in place with facility, before issuing accreditation certificate.

(e) The Government of India has taken the following steps to make adequate arrangements of blood for the needy patients from blood banks and to ensure availability of virus free blood:

i. Augmentation of voluntary blood donation by conducting 48,000 Voluntary Blood Donations Camps annually in the country.

ii. As per the Drug & Cosmetics Act 1940 & Rules there under, it is mandatory for all licensed blood banks to screen each unit of blood for HIV, Hepatitis B & C, Syphilis and Malaria; before use for transfusion purposes.